Fill in this information to identify your case and this filing:					
Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbert Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS					
Case number (if known)	24-31981				

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

Do you own or have any legal or equitNo. Go to Part 2.Yes. Where is the property?	able interest in any residence, building, lar	nd, or similar property?	
1.1. 2915 Chase Cross Ln Street address, if available, or other description	What is the property? Check all that apply. Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
	Duplex or multi-unit buildingCondominium or cooperative	Current value of the entire property?	Current value of the portion you own?
Houston TX 77047 City State ZIP Code	☐ Manufactured or mobile home ☐ Land	\$294,649.00	\$294,649.00
Harris	☐ Investment property ☐ Timeshare — ☐ Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.	
2915 Chase Cross Ln, Houston, TX 77047 LT 1 BLK 1 CITY GATE SEC 3	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community productions)		munity property
	Other information you wish to add about property identification number:		_
	u own for all of your entries from Part 1, inc or Part 1. Write that number here	_	\$294,649.00

Deb	tor 1	Carring	ton Olivvia Gilbert		Case number (if known) 24-3	1981
Pa	art 2:	Descr	ibe Your Vehicles			
-			•	interest in any vehicles, whether they a vehicle, also report it on Schedule G: E	_	•
3.		ans, truck	s, tractors, sport utility	vehicles, motorcycles		
	☐ No ✓ Yes	S				
Othe	lel: r: roximate er inform 2 Tesla		Tesla Model 3 2022 40,000 (approx. 40,000	Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anoth ☐ Check if this is community propert	amount of any secured cla Creditors Who Have Clain Current value of the entire property? \$28,645.00	
mile 4.	Waterc	es: Boats		(see instructions) and other recreational vehicles, other values watercraft, fishing vessels, snowmobiles		
5.			•	wn for all of your entries from Part 2, ir Part 2. Write that number here	_	\$28,645.00
Pá	art 3:	Descr	ibe Your Personal a	and Household Items		
Doy	you own	or have a	any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		•	s and furnishings appliances, furniture, line	ens, china, kitchenware		· _
	▼Yes	s. Describ	e Sofa \$100.00 Linens \$20.00 Rugs \$15.00 Kitchen Appliand Flatware \$30.00 Pots and Pans \$ Dishes \$30.00 Beds \$100.00 Dresser \$50.00 Nightstand \$20.0 (2) Lamps \$10.00 TV Stand \$15.00 Refrigerator \$30 Stove \$200.00 Dishwasher \$20 Washing Machir Dryer \$75.00 Microwave \$50.0 Vacuum Cleaner Mirror \$10.00	30.00 00 0.00 0.00 0.00 0.00 0.00		\$1,640.00

Deb	tor 1	Carrington Olivvia Gilbert	Case number (if known)	24-31981
7.		es: Televisions and radios; audio, vid	deo, stereo, and digital equipment; computers, printers, scanners ces including cell phones, cameras, media players, games	;
	☐ No Yes	Computer \$500.00 Cell Phone \$250.0 TV \$350.00 Stereo \$50.00 Ipad \$75.00		\$1,225.00
8.	Exampl		, prints, or other artwork; books, pictures, or other art objects; ections; other collections, memorabilia, collectibles	
	✓ No ☐ Yes	s. Describe		
9.		nent for sports and hobbies es: Sports, photographic, exercise, a canoes and kayaks; carpentry too	nd other hobby equipment; bicycles, pool tables, golf clubs, skis; ols; musical instruments	
	✓ No ☐ Yes	s. Describe		
10.	Firearn Exampl	n s es: Pistols, rifles, shotguns, ammunit	tion, and related equipment	
	☐ No ✓ Yes	Smith and Wesson Ammo \$50.00	n 9 mm \$200.00	\$250.00
11.	Clothes Exampl		pats, designer wear, shoes, accessories	
	_	s. Describe Personal Clothing	and Shoes	\$300.00
12.	Jewelr y Exampl		y, engagement rings, wedding rings, heirloom jewelry, watches, g	gems,
	☐ No ✓ Yes	s. Describe Costume Jewelry		\$12.00
13.		rm animals les: Dogs, cats, birds, horses		
	_	s. Describe		
14.	Any oth		ou did not already list, including any health aids you	
	_	s. Give specific		
15.			rom Part 3, including any entries for pages you have	→ \$3,427.00

Deb	tor 1	Carrington Oliv	vvia Gilbe	rt	Case number (if known)	24-31981
Pa	art 4:	Describe Yo	our Finan	cial Assets		
Doy	you own	or have any lega	al or equita	ble interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exampl	es: Money you ha	ave in your v	wallet, in your home, in a safe deposit box, and	d on hand when you file your	
	✓ No ☐ Yes	S			Cash:	
17.	-	-	uses, and o	ner financial accounts; certificates of deposit; s ther similar institutions. If you have multiple ac		
	□ No ✓ Yes	S		Institution name:		
	17	.1. Checking ac	count:	Chase Bank Checking account xxxx6682		\$380.67
	17	.2. Savings acc	count:	Chase Bank Savings account xxxx		\$50.00
18.		mutual funds, or es: Bond funds, ir		raded stocks accounts with brokerage firms, money market a	accounts	
		3	Institutio	n or issuer name:		
19.	-	-		rests in incorporated and unincorporated be and joint venture	usinesses, including	
	info	s. Give specific ormation about	Name of	entity:	% of ownersh	ip:
20.	Negotia	<i>ble instrument</i> s in	clude perso	and other negotiable and non-negotiable inso onal checks, cashiers' checks, promissory note e you cannot transfer to someone by signing o	es, and money orders.	
	info	s. Give specific ormation about m	lssuer na	ame:		
21.		nent or pension a es: Interests in IR profit-sharing	A, ERISA, I	Keogh, 401(k), 403(b), thrift savings accounts,	, or other pension or	
		s. List each count separately.	Type of ac	count: Institution name:		

Deb	tor 1	Carrington Olivvi	ia Gilbert			Case number (if kno	wn) 24-3	1981
22.	Your st Examp	ity deposits and prep hare of all unused dep bles: Agreements with nies, or others	posits you have					
	✓ No	o es		Institution nan	ne or individual:			
23.	_	ties (A contract for a	specific period			ife or for a number of	vears)	
	☑ No	•					,	
24.	Interes	sts in an education IF 5.C. §§ 530(b)(1), 529A	RA, in an acco	unt in a qualified	ABLE program, or u	under a qualified stat	e tuition pr	ogram.
	✓ No	es	Institution nam	e and description.	. Separately file the r	ecords of any interests	s. 11 U.S.C	. § 521(c)
25.	Trusts	s, equitable or future s exercisable for you	interests in pr					
	✓ No)						1
		es. Give specific formation about them						
26.		ts, copyrights, traden oles: Internet domain i	•	•		, ,		
	☑ No							1
		es. Give specific formation about them						
27.		ses, franchises, and onles: Building permits,	-	-	association holdings,	liquor licenses, profe	ssional licer	ses
	☑ No							1
		es. Give specific formation about them						
Mon	ey or p	property owed to you	i ?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to you						
	☑ No)					_	
	_	es. Give specific inform	l l				Federa	l:
		out them, including wh u already filed the retu	I				State:	
	an	d the tax years					Local:	
29.		/ support bles: Past due or lump	ວ sum alimony,	spousal support,	child support, mainter	nance, divorce settlem	ent, propert	y settlement
	☐ No ☑ Ye	o es. Give specific infor	mation			Alimon	y:	\$0.00
	S	upport։ Child Supp	port Arrears.	Amt: \$6,884.2	7	Mainte	nance:	\$0.00
						Suppor	t:	\$6,884.27
						Divorce	e settlement	\$0.00
						Proper	ty settlemen	t: \$0.00

Debt	tor 1 Carrington Olivvia Gilbe	rt Case number (if known)	24-31981
30.		nsurance payments, disability benefits, sick pay, vacation pay, workers' curity benefits; unpaid loans you made to someone else	
	✓ No✓ Yes. Give specific information		
31.	Interests in insurance policies Examples: Health, disability, or life i	nsurance; health savings account (HSA); credit, homeowner's, or renter's	s insurance
	✓ No Yes. Name the insurance company of each policy and list its value	npany name: Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due of the second of a living the entitled to receive property because	ust, expect proceeds from a life insurance policy, or are currently	
	✓ No✓ Yes. Give specific information		
33.		er or not you have filed a lawsuit or made a demand for payment isputes, insurance claims, or rights to sue	
	-	Judgment against O'Neill Gilbert for unpaid wages \$5,000 plus 12% annual interest and future costs	\$5,000.00
34.	Other contingent and unliquidated rights to set off claims	claims of every nature, including counterclaims of the debtor and	
	✓ No ☐ Yes. Describe each claim		
35.	Any financial assets you did not a	ready list	
	✓ No☐ Yes. Give specific information		
36.	-	entries from Part 4, including any entries for pages you have ber here	→ \$12,314.94
Pa	rt 5: Describe Any Busines	s-Related Property You Own or Have an Interest In. Lis	t any real estate in Part 1.
37.	Do you own or have any legal or e	quitable interest in any business-related property?	
	No. Go to Part 6. Yes. Go to line 38.		
			Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or commission	ns you already earned	·
	✓ No Yes. Describe		

Deb	tor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981	
39.		quipment, furnishings, and supplies s: Business-related computers, software, modems, printers, copiers, fax desks, chairs, electronic devices	machines, rugs, telephones,	
	☑ No ☐ Yes.	Describe		
40.	Machine	ry, fixtures, equipment, supplies you use in business, and tools of yo	our trade	
	✓ No ☐ Yes.	Describe		_
41.	Inventor	у		
	☑ No ☐ Yes.	Describe		_
42.	Interests	s in partnerships or joint ventures		
	✓ No ☐ Yes.	Describe Name of entity:	% of ownership:	
43.	Custom	er lists, mailing lists, or other compilations		
	✓ No ☐ Yes.	Do your lists include personally identifiable information (as defined ☐ No ☐ Yes. Describe	in 11 U.S.C. § 101(41A))?	
				_
44.	Any bus	iness-related property you did not already list		
	✓ No ☐ Yes.	Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entries for Part 5. Write that number here		00_
Pa		Describe Any Farm- and Commercial Fishing-Related Pro i you own or have an interest in farmland, list it in Part 1.	pperty You Own or Have an Interest In.	
46.	Do you	own or have any legal or equitable interest in any farm- or commercia	al fishing-related property?	
		Go to Part 7. Go to line 47.		
			Current value of the portion you own? Do not deduct secur claims or exemption:	ed
47.	Farm an Example ✓ No	imals s: Livestock, poultry, farm-raised fish		
	Yes.			
48.	Crops	either growing or harvested		
		Give specific mation		

Deb	otor 1 Carrington Olivvia Gilbert	Case nu	ımber (if known) 24-	31981
49.	Farm and fishing equipment, implements, machinery, fixture	es, and tools of trade		
	✓ No ☐ Yes			٦
	166			
50.	Farm and fishing supplies, chemicals, and feed			
	✓ No Yes			
51.	Any farm- and commercial fishing-related property you did	not already list		_
	✓ No ☐ Yes. Give specific			
	information			
52.	Add the dollar value of all of your entries from Part 6, include attached for Part 6. Write that number here			\$0.00
Pa	art 7: Describe All Property You Own or Have an	Interest in That You [Did Not List Above	е
53.	Do you have other property of any kind you did not already Examples: Season tickets, country club membership	list?		
	✓ No✓ Yes. Give specific information.			
54.	Add the dollar value of all of your entries from Part 7. Write	that number here		\$0.00
Pa	art 8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		→	\$294,649.00
56.	Part 2: Total vehicles, line 5	\$28,645.00		
57.	Part 3: Total personal and household items, line 15	\$3,427.00		
58.	Part 4: Total financial assets, line 36	\$12,314.94		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+\$0.00		
62.	Total personal property. Add lines 56 through 61	\$44,386.94	Copy personal property total	+\$44,386.94
63.	Total of all property on Schedule A/B. Add line 55 + line 62	2		\$339,035.94

Fill in this inf	ormation to iden				
Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbert Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the	Ιп	Check if thi		
Case number (if known)	24-31981				amended fil

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Dort 1:	Identify the	Droporty	Vou Claim	ac Evampt
Part 1:	Identify the	Property	You Claim	as Exempt

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B th	nat you claim as exen	npt, fill in the information b	pelow.		
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Check only one box for each exemption			
291 LT	f description: 5 Chase Cross Ln, Houston, TX 77047 1 BLK 1 CITY GATE SEC 3 from Schedule A/B: 1.1	\$294,649.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)		
202 (1s	f description: 2 Tesla Model 3 (approx. 40,000 miles) t exemption claimed for this asset) from Schedule A/B:	\$28,645.00	\$1,063.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)		
3.	Are you claiming a homestead exemption of	more than \$189 0502	,			

Official Form 106C

☑ No

□ No □ Yes

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Debtor 1 **Carrington Olivvia Gilbert** Case number (if known) 24-31981 Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$28,645.00 \$0.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ 2022 Tesla Model 3 (approx. 40,000 miles) 100% of fair market (2nd exemption claimed for this asset) value, up to any applicable statutory Line from Schedule A/B: 3.1 limit Brief description: \$1,640.00 \$700.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ Sofa \$100.00 100% of fair market Linens \$20.00 value, up to any applicable statutory Rugs \$15.00 limit Kitchen Appliances \$300.00 Flatware \$30.00 Pots and Pans \$30.00 **Dishes \$30.00** Beds \$100.00 **Dresser \$50.00** Nightstand \$20.00 (2) Lamps \$10.00 TV Stand \$15.00 Refrigerator \$300.00 Stove \$200.00 Dishwasher \$200.00 Washing Machine \$75.00 **Dryer \$75.00** Microwave \$50.00 Vacuum Cleaner \$10.00 Mirror \$10.00 (1st exemption claimed for this asset) Line from Schedule A/B: 6

Debtor 1 Carrington Olivvia Gilbert		Case numbe	r (if known) 24-31981
Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Sofa \$100.00 Linens \$20.00 Rugs \$15.00 Kitchen Appliances \$300.00 Flatware \$30.00 Pots and Pans \$30.00 Dishes \$30.00 Beds \$100.00 Dresser \$50.00 Nightstand \$20.00 (2) Lamps \$10.00 TV Stand \$15.00 Refrigerator \$300.00 Stove \$200.00 Dishwasher \$200.00 Washing Machine \$75.00 Dryer \$75.00 Microwave \$50.00 Vacuum Cleaner \$10.00 Mirror \$10.00 (2nd exemption claimed for this asset) Line from Schedule A/B:6	\$1,640.00	\$940.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Computer \$500.00 Cell Phone \$250.00 TV \$350.00 Stereo \$50.00 Ipad \$75.00 (1st exemption claimed for this asset) Line from Schedule A/B:	\$1,225.00	\$700.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Computer \$500.00 Cell Phone \$250.00 TV \$350.00 Stereo \$50.00 Ipad \$75.00 (2nd exemption claimed for this asset) Line from Schedule A/B:7	\$1,225.00	\$525.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Smith and Wesson 9 mm \$200.00 Ammo \$50.00 Line from Schedule A/B:10	\$250.00	\$250.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Carrington Olivvia Gilbert** Case number (if known) 24-31981 Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$300.00 \$300.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ **Personal Clothing and Shoes** 100% of fair market (1st exemption claimed for this asset) value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$300.00 \$0.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ **Personal Clothing and Shoes** 100% of fair market (2nd exemption claimed for this asset) value, up to any applicable statutory Line from Schedule A/B: 11 limit Brief description: \$12.00 11 U.S.C. § 522(d)(4) \$12.00 $\overline{\mathbf{Q}}$ **Costume Jewelry** 100% of fair market (1st exemption claimed for this asset) value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$12.00 \$0.00 11 U.S.C. § 522(d)(5) abla**Costume Jewelry** 100% of fair market (2nd exemption claimed for this asset) value, up to any applicable statutory Line from Schedule A/B: 12 limit Brief description: \$380.67 \$380.67 11 U.S.C. § 522(d)(5) $\overline{\mathbf{V}}$ **Chase Bank** 100% of fair market П Checking account xxxx6682 value, up to any applicable statutory Line from Schedule A/B: 17.1 limit Brief description: \$50.00 11 U.S.C. § 522(d)(5) \$50.00 $\overline{\mathbf{Q}}$ **Chase Bank** 100% of fair market Savings account xxxx value, up to any applicable statutory Line from Schedule A/B: 17.2 limit Brief description: 11 U.S.C. § 522(d)(10)(D) \$6,884.27 \$6,884.27 \square **Child Support Arrears** 100% of fair market (1st exemption claimed for this asset) value, up to any applicable statutory Line from Schedule A/B: 29 limit Brief description: 11 U.S.C. § 522(d)(5) \$6.884.27 \$0.00 $\overline{\mathbf{Q}}$ **Child Support Arrears** 100% of fair market (2nd exemption claimed for this asset) value, up to any applicable statutory Line from Schedule A/B: 29 limit

Debtor 1 Carrington Olivvia Gilbert		Case number (if known) 24-31981		
Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption		
Brief description: Judgment against O'Neill Gilbert for unpaid wages \$5,000 plus 12% annual interest and future costs (1st exemption claimed for this asset) Line from Schedule A/B:33	\$5,000.00	\$5,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(11)(D)	
Brief description: Judgment against O'Neill Gilbert for unpaid wages \$5,000 plus 12% annual interest and future costs (2nd exemption claimed for this asset) Line from Schedule A/B: 33	\$5,000.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)	

Fill in this info	ormation to ident	tify your case:				
Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbert Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	SOUTHERN DIS	STRICT OF TEXAS			
Case number (if known)	24-31981				Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors Wh	o Have Clai	ms Secured by	Property		12/15
correct informatio On the top of any 1. Do any credit No. Che	n. If more space is n additional pages, wri	needed, copy the A ite your name and ured by your prope t this form to the co n below.	Additional Page, fill it is case number (if knowerty?	out, number the entri vn).	ly responsible for sup es, and attach it to this ning else to report on thi	s form.
claim, list the creditor has a	ed claims. If a creditor creditor separately for particular claim, list the ible, list the claims in a e.	each claim. If mor e other creditors in	e than one Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the p		\$27,582.00	\$28,645.00	
Bridgecrest Creditor's name PO Box 29018 Number Street	dit Company LLC	— 2022 Tesla N —				
Check if this o	Debtor 2 only the debtors and anoth Claim relates ty debt	Contingent Unliquidate Disputed Nature of lien. An agreem Statutory li Judgment Other (incl Automob	ed Check all that apply. nent you made (such as en (such as tax lien, m lien from a lawsuit uding a right to offset) ille	s mortgage or secured	car loan)	
Date debt was inc	urred <u>04/1/2024</u>	Last 4 digits o	of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$27,582.00

Debtor 1	Carrington Olivvia Gilbert		_ Case number (if	known) 24-31981	
Part 1:	Additional Page After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor's nam 2002 West	Community Association e Grand Parkway North, Ste	Describe the property that secures the claim: 2915 Chase Cross Ln, Houston, TX 77047	\$6,000.00	\$294,649.00	\$6,000.00
Debtor 1 Debtor 2 Debtor 1 At least Check i		As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) HOA Arrears	mortgage or secured	car loan)	
	as incurred	Last 4 digits of account number			
2.3 Loancare I Creditor's nam 3637 Senta Number Str	e ara Way	Describe the property that secures the claim: 2915 Chase Cross Ln, Houston, TX 77047	\$315,452.00	\$294,649.00	\$20,803.00
Debtor 1 Debtor 2 Debtor 1 Debtor 1 At least Check it to a cont	State ZIP Code the debt? Check one. only only and Debtor 2 only one of the debtors and another f this claim relates nmunity debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) FHA Real Estate Mortgage Last 4 digits of account number	mortgage or secured echanic's lien)	car loan)	
Date dept w	as incurred <u>11/2021</u>	Last + ulgits of account number	<u>5 0 6 4 </u>		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$321,452.00

Debtor 1 Carrington Olivvia Gilbert	Case number (if known)			
Part 1: Additional Page After listing any entries on sequentially from the previous	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
Loancare Llc Creditor's name 3637 Sentara Way Number Street	Describe the property that secures the claim: 2915 Chase Cross Ln, Houston, TX 77047	\$23,524.25	\$23,524.25	
Virginia Beach VA 23452 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, medical Judgment lien from a lawsuit) Other (including a right to offset) Arrearage claim	mortgage or secured	car loan)	
Date debt was incurred <u>Various</u>	Last 4 digits of account number	5 0 6 4		
2.5	Describe the property that secures the claim:	\$74,003.40	\$74,003.40	
Creditor's name 3637 Sentara Way Number Street	2915 Chase Cross Ln, Houston, TX 77047			
Virginia Beach VA 23452 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Escrow Claim	mortgage or secured	car loan)	
Date debt was incurred Various	Last 4 digits of account number	5 0 6 4		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$97,527.65

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$446,561.65

Fill in this in	nformation to id	entify your c	ase:			
Debtor 1	Carrington	Olivvia	Gilbert	_		
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name	-		
United States B	ankruptcy Court for	the: SOUTHER	N DISTRICT OF TEXAS	_		
Case number	24-31981				7 Check if this is a	an
(if known)					amended filing	
Official Forn	n 106E/F					
Schedule E	/F: Creditors	Who Have	e Unsecured Claims			12/15
Do not include a If more space is to this page. On Part 1: Li 1. Do any cred No. Go Yes. 2. List all of you claim. For e	ny creditors with p needed, copy the F the top of any add st All of Your P ditors have priority to to Part 2. Dur priority unsecu ach claim listed, ide	artially secured Part you need, fi itional pages, we RIORITY Unsured claim unsecured claim red claims. If a ntify what type or		tle D: Creditors Who File boxes on the left. A r (if known). y unsecured claim, list to ority and nonpriority am	Hold Claims Secur Attach the Continu the creditor separat nounts, list that clai	red by Property. ation Page rely for each m here and
more space		unsecured clair	ms, fill out the Continuation Page of		-	
(For an expla	anation of each type	of claim, see the	e instructions for this form in the in	struction booklet. Total claim	Priority	Nonpriority
				Total Claim	amount	amount
2.1				\$4,358.00	\$4,358.00	\$0.00
Vasquez Law O			Last 4 digits of account number	er		
2040 North Loc Number Street	op W Ste330		When was the debt incurred?	05/01/2024	<u> </u>	
			As of the date you file, the claim	m is: Check all that ap	ply.	
Houston	TX	77018	Contingent Unliquidated			
City		ZIP Code	Disputed			
At least one of	Debtor 2 only of the debtors and al	nother	Type of PRIORITY unsecured of Domestic support obligations Taxes and certain other deb Claims for death or personal intoxicated ✓ Other. Specify Attorney fees for this care	s ts you owe the governn injury while you were	nent	

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
4. List a If a cree type o Part 3 4.1 Ally Finar Nonpriority C Attn: Ban Number 500 Wood Detroit City Who incur Debtor Debtor Debtor	Il of your nonpriority unsecured claims editor has more than one nonpriority unse of claim it is. Do not list claims already income is. If more space is needed for nonpriority unserted in the compact of the compact o	Claims against you?
Check Is the clair No Yes 4.2 Amex Nonpriority C Correspo Number PO Box 9 EI Paso City Who incur Debtor Debtor Debtor At leas Check	TX 79998 State ZIP Code red the debt? Check one. 1 only 2 only 1 and Debtor 2 only it one of the debtors and another if this claim is for a community debt	Automobile \$6,122.00 Last 4 digits of account number 3 8 7 3 When was the debt incurred? 11/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card
Is the clair No Yes	n subject to offset?	

Debtor 1 Carrington Olivvia Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	otal claim
4.3	•	\$15,738.86
AT&T	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 78628	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Phoenix AZ 85062-8628	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Outstanding Debt	
Is the claim subject to offset? ✓ No		
☐ Yes		
4.4		\$0.00
Bank of America	Last 4 digits of account number4439_	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 05/2014	
Number Street 4909 Savarese Circle	As of the date you file, the claim is: Check all that apply.	
4909 Savarese Circle		
	— ☐ Disputed	
Tampa FL 33634 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	Oreuit Caru	
No		
Yes		

Debtor 1 Carrington Olivvia Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the Total claim	n
4.5	\$8,657	.00
Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number 9 0 0 9	
Attn: Bankruptcy	When was the debt incurred? 05/2016	
Number Street P.O. 15298	As of the date you file, the claim is: Check all that apply.	
F.O. 19290		
	□ Disputed	
Wilmington DE 19850 City State ZIP Code	- Toward MONDRIORITY was a sound a lating	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
✓ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Credit Card	
No No		
Yes		
4.6	\$4.042	
Chase Card Services	Last 4 digits of account number 7 7 5 0	.00
Nonpriority Creditor's Name	Last 4 digits of account number 7 7 5 0 When was the debt incurred? 12/2012	
Attn: Bankruptcy		
Number Street P.O. 15298	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Wilmington DE 19850	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	☑ Other. Specify Credit Card	
Is the claim subject to offset?		
☑ No		
Yes		

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	ng any entries on this page, number the page.	em sequentially from the	Total claim
4.7			\$0.00
	Best Buy	Last 4 digits of account number 2 3 9 6	
	Creditor's Name Cr Srvs/Centralized Bankruptcy	When was the debt incurred? 03/08/2013	
Number PO Box 7	Street	As of the date you file, the claim is: Check all that apply.	
PO BOX /	90040	☐ Contingent ☐ Unliquidated	
		Disputed	
St Louis City	MO 63179 State ZIP Code	Type of NONDBIODITY upgeoured eleim:	
- ,	red the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
<u> </u>	r 1 only	☐ Obligations arising out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2 only	that you did not report as priority claims	
	st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check	if this claim is for a community debt		
Is the clair	m subject to offset?	• •	
☑ No			
Yes			
4.8			\$2,655.00
Citizens	One	Last 4 digits of account number 0 6 4 3	
	Creditor's Name	When was the debt incurred? 02/2023	
Attn: Bar Number	Street	As of the date you file, the claim is: Check all that apply.	
One Citiz	ens Plaza	Contingent	
		☐ Unliquidated ☐ Disputed	
Providen			
City Who incur	State ZIP Code rred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
ш	r 2 only	that you did not report as priority claims	
	r 1 and Debtor 2 only st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
ш	if this claim is for a community debt	Other. Specify	
_	•	Check Credit or Line of Credit	
No No	m subject to offset?		
Yes			

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	ng any entries on this page, number the page.	em sequentially from the	Total claim
4.9			\$6,501.00
	Community Association	Last 4 digits of account number	
	Creditor's Name st Grand Parkway North, Ste. 100	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
-		☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
		☐ Unliquidated ☐ Disputed	
Katy Citv	TX 77449 State ZIP Code	—	
- ,	rred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
لكا	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2 only	that you did not report as priority claims	
ш	st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check	if this claim is for a community debt		
Is the clair	m subject to offset?		
☑ No			
Yes			
4.10			\$0.00
Conduen	nt/Uheaa	Last 4 digits of account number 8 6 2 1	
	Creditor's Name at shut down operations 9/1/2019	When was the debt incurred? 08/15/2008	
Number	Street	As of the date you file, the claim is: Check all that apply.	
transferr	ed loans to new loan servicer	_ Contingent	
		☐ Unliquidated ☐ ☐ Disputed	
Utica	NY 13504	· _	
City Who incur	State ZIP Code rred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	r 2 only	that you did not report as priority claims	
	r 1 and Debtor 2 only st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш	c if this claim is for a community debt	✓ Other. Specify Educational	
_	m subject to offset?	Lauvativiiai	
✓ No	,		
Yes			

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) _ 24-31981	
Part 2:	Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listin	ng any entries on this page, number the page.	em sequentially from the	Total claim
4.11			\$2,383.00
	Education/neln	Last 4 digits of account number 6 4 8 6	
Po Box 8	Creditor's Name 2561	When was the debt incurred? 08/2011	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		☐ Unliquidated ☐ Disputed	
Lincoln	NE 68501	— — — — — — — — — — — — — — — — — — —	
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	2 only	that you did not report as priority claims	
= ***	⁻ 1 and Debtor 2 only st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
		Other. Specify	
_	if this claim is for a community debt means subject to offset?	Educational	
✓ No	in subject to onset:		
Yes			
4.12			\$2,007.00
Dept Of E	Education/neIn	Last 4 digits of account number 4 5 9 9	Ψ2,007.00
Nonpriority C	Creditor's Name	When was the debt incurred? 08/2010	
Po Box 8 Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Unliquidated	
Lincoln	NE 68501	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one. 1 only	Student loans	
ك	² 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
_	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
_	st one of the debtors and another	Other. Specify	
_	if this claim is for a community debt	Educational	
	m subject to offset?		
✓ No ☐ Yes			

Debtor 1	Carrington Olivvia Gilbert	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listir	ng any entries on this page, number the page.	em sequentially from the	Total claim
4.13			\$1,861.00
	Education/neln	Last 4 digits of account number 4 2 9 9	
Po Box 8	Creditor's Name 12561	When was the debt incurred? 08/2009	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent ☐ Unliquidated	
		Disputed	
Lincoln Citv	NE 68501 State ZIP Code	Type of NONDDIODITY upgequired eleim:	
- ,	red the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
لكا	r 1 only	Obligations arising out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2 only	that you did not report as priority claims	
ш	st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is for a community debt	✓ Other. Specify Educational	
ls the clai	m subject to offset?		
✓ No			
Yes			
4.14			\$1,216.00
Dept Of E	Education/neln	Last 4 digits of account number 4 3 9 9	
Nonpriority C Po Box 8	Creditor's Name	When was the debt incurred? 09/2010	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		☐ Unliquidated ☐ Disputed	
Lincoln	NE 68501 State ZIP Code	·	
City Who incur	rred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
ت ا	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	r 2 only	that you did not report as priority claims	
	r 1 and Debtor 2 only st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
_	c if this claim is for a community debt		
_	m subject to offset?	Educational	
✓ No	•		
Yes			

Debtor 1 Carrington Olivvia Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the Total clain	n
4.15	\$1,191	.00
Dept Of Education/neln Nonpriority Creditor's Name	Last 4 digits of account number 4 1 9 9	
Po Box 82561	When was the debt incurred? 08/2009	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
Lincoln NE 68501 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Educational	
Is the claim subject to offset?		
☑ No ☐ Yes		
Yes		
4.16	\$1,071	.00
Dept Of Education/neln	Last 4 digits of account number 6 5 8 6	
Nonpriority Creditor's Name Po Box 82561	When was the debt incurred? 08/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
Lincoln NE 68501 City State ZIP Code	Type of NONDRIGHTY unaccured claim:	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Educational	
Is the claim subject to offset?		
☑ No		
Yes		

Debtor 1 Carrington Olivvia Gilbert	Case number (if known) _ 24-31981	
Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
4.17		\$582.00
Dept Of Education/neln	Last 4 digits of account number 3 5 9 9	
Nonpriority Creditor's Name Po Box 82561	When was the debt incurred? 03/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	□ Disputed	
Lincoln NE 68501 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Educational	
Is the claim subject to offset?	Educational	
✓ No		
Yes		
4.18		\$359.00
Dept Of Education/neln	Last 4 digits of account number 4 4 9 9	
Nonpriority Creditor's Name	When was the debt incurred? 08/2010	
Po Box 82561 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Lincoln NE 68501	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Educational	
Is the claim subject to offset?		
✓ No Yes		

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) _ 24-31981	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the age.	m sequentially from the	Total claim
4.19			\$0.00
DHI Mort	gage Company	Last 4 digits of account number 1 1 2 1	
Nonpriority C Attn: Ban	reditor's Name Ikruptcy	When was the debt incurred? 11/2021	
Number	Street can Park Blvd, Ste 450	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Austin	TX 78750	Disputed	
City Who incur ✓ Debtor Debtor Debtor At leas Check	State ZIP Code red the debt? Check one. 1 only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Conventional Real Estate Mortgage	
4.20			\$0.00
ECMC Nonpriority C Attn: Ban Number PO Box 1	Street	Last 4 digits of account number 0 0 0 2 When was the debt incurred? 08/15/2008 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated	
St Paul	MN 55116	Disputed	
Who incur Debtor Debtor Debtor At leas Check	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Educational	

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	ng any entries on this page, number the page.	em sequentially from the	Total claim
4.21			\$0.00
ECMC		Last 4 digits of account number 0 0 1	
Nonpriority C Attn: Bar	Creditor's Name	When was the debt incurred? 08/15/2008	
Number	Street	As of the date you file, the claim is: Check all that apply.	
PO Box 1	16408	Contingent	
		☐ Unliquidated ☐ Disputed	
St Paul	MN 55116		
City Who incur	State ZIP Code rred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	r 2 only	that you did not report as priority claims	
ш	r 1 and Debtor 2 only st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
ш	c if this claim is for a community debt	✓ Other. Specify Educational	
_	m subject to offset?	Educational	
✓ No	045,001 10 0110011		
Yes			
4.22			(\$1.00)
	ank & Trust	Last 4 digits of account number 2 1 5 6	
Nonpriority C Attn: Bar	Creditor's Name	When was the debt incurred? 09/2023	
Number	Street	As of the date you file, the claim is: Check all that apply.	
Triad Cei	nter 16000 Poplar Ave, Ste 300	Contingent	
		☐ Unliquidated ☐ Disputed	
Memphis	TN 38119 State ZIP Code	_ _	
City Who incur	rred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	r 2 only	that you did not report as priority claims	
_	r 1 and Debtor 2 only st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
_	c if this claim is for a community debt		
_	m subject to offset?	Check Credit of Line of Credit	
No No	casjoot to onout.		
Yes			

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin previous p	g any entries on this page, number the age.	em sequentially from the	Total claim
4.23			\$6,025.00
	k Services	Last 4 digits of account number 3 6 8 2	
Attn: Ban	reditor's Name kruptcy	When was the debt incurred? 07/2011	
Number PO Box 8	Street	As of the date you file, the claim is: Check all that apply.	
PO BOX 0	2322		
Lincoln	NE COEO4	Disputed	
Lincoln City	NE 68501 State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	Student loans	
✓ Debtor ✓ Debtor		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims	
At leas	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is for a community debt	Educational	
Is the clain	n subject to offset?		
☑ No			
Yes			
4.24			\$0.00
LendingP	oint LLC.	Last 4 digits of account number 8 1 4 6	
Nonpriority C Attn: Ban	reditor's Name kruntev	When was the debt incurred? 01/2017	
Number	Street	As of the date you file, the claim is: Check all that apply.	
1201 Rob	erts Blvd Suite 200	Contingent	
		☐ Unliquidated ☐ ☐ Disputed	
Kennesav			
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor	1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	•	that you did not report as priority claims	
	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
_	t one of the debtors and another	Other. Specify	
_	if this claim is for a community debt	Unsecured	
No No	n subject to offset?		
Yes			

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	ng any entries on this page, number the page.	m sequentially from the Total claim	
4.25		\$0.	00
	Point LLC.	Last 4 digits of account number 1 9 0 8	_
Attn: Ban	Creditor's Name nkruptcy	When was the debt incurred? 10/2018	
Number 1201 Rob	Street perts Blvd Suite 200	As of the date you file, the claim is: Check all that apply. Contingent	
		☐ Unliquidated ☐ ☐ Disputed	
Kennesa			
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
⊘ Debtor		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	2 only	that you did not report as priority claims	
ш	1 and Debtor 2 only st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш		Other. Specify	
_	if this claim is for a community debt	Unsecured	
No No	m subject to offset?		
Yes			
4.26		\$5,182.	00
	inance, LLC	Last 4 digits of account number4_ 3_ 1_ 7_	
Attn: Ban	creditor's Name	When was the debt incurred? 07/2023	
Number	Street	As of the date you file, the claim is: Check all that apply.	
8211 IOW	vn Center Drive	☐ Contingent ☐ Unliquidated	
		□ Disputed	
Nottingha			
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor	1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
_	2 only	that you did not report as priority claims	
	1 and Debtor 2 only st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
_		Other. Specify	
_	if this claim is for a community debt	Outstanding Debt	
No No	m subject to offset?		
Yes			

Part 2: Your NONPRIORITY Unsecured Claims Continuation Page After listing any entries on this page, number them sequentially from the previous page. Total clair	n
Total clair	n
\$C \$C \$C	0.00
Mariner Finance, LLC Last 4 digits of account number 3 7 1 4	
Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 06/2021	
Number Street As of the date you file, the claim is: Check all that apply.	
8211 Town Center Drive Contingent Unliquidated	
Disputed	
Nottingham MD 21236 City State ZIP Code Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Student loans	
Debtor 1 only	
Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only	
At least one of the debtors and another	
☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Unsecured	
Is the claim subject to offset?	
☑ No	
☐ Yes	
4.28	0.00
Mariner Finance, LLC Last 4 digits of account number 7 7 2 1	
Nonpriority Creditor's Name When was the debt incurred? 07/2022	
Attn: Bankruptcy Number Street As of the date you file, the claim is: Check all that apply.	
8211 Town Center Drive Contingent	
Unliquidated Disputed	
Nottingham MD 21236	
City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one.	
Debter 1 only	
Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	
At least one of the debtors and another Other. Specify	
Check if this claim is for a community debt Secured	
Is the claim subject to offset? ✓ No	
✓ No Yes	

Debtor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981	
Part 2:	Your NONPRIORITY Unsecu	ıred Claims Continuation Page	
After listin	ng any entries on this page, number the page.	em sequentially from the	Total claim
4.29			\$0.00
	source Credit Un	Last 4 digits of account number 0 1 4 4	
10100 Ric	Creditor's Name chmond	When was the debt incurred? 12/2018	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent ☐ Unliquidated	
		— ☐ Disputed	
Houston City	TX 77042 State ZIP Code	Tune of NONDRIORITY unconvend alaims	
- ,	rred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
ك	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2 only	that you did not report as priority claims	
ш	st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш	if this claim is for a community debt	Other. Specify Automobile	
Is the clair	m subject to offset?		
☑ No	-		
☐ Yes			
4.30			\$0.00
Mercury/	FBT	Last 4 digits of account number 8 1 5 9	<u> </u>
Nonpriority C Attn: Bar	Creditor's Name	When was the debt incurred? 05/2014	
Number	Street	As of the date you file, the claim is: Check all that apply.	
PO Box 8	34064	Contingent	
		──	
Columbu			
City Who incur	State ZIP Code rred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	r 2 only	that you did not report as priority claims	
	r 1 and Debtor 2 only st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш		Other. Specify	
_	if this claim is for a community debt	Credit Card	
No No	m subject to offset?		
Yes			

Debtor 1 Carrington Olivvia Gilbert	Case number (if known) 24-31981	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.31		\$1,109.00
Mission Lane LLC Nonpriority Creditor's Name Attn: Bankruptcy Number Street P.O. Box 105286	Last 4 digits of account number 8 8 6 1 When was the debt incurred? 10/2022 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Atlanta GA 30348	─	
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No ☐ Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Credit Card	
4.32		\$242.65
Quest Diagnostics Inc Nonpriority Creditor's Name PO Box 41652 Number Street	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Philadelphia PA 19101-1652 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	

Debtor 1 Carrington Olivvia Gilbert	Case number (if known) _ 24-31981	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.33		\$122.00
Smile Design Studios	Last 4 digits of account number	
Nonpriority Creditor's Name 9303 Highway 6, Ste. 300	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Missouri City TX 77459	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans Obligations grising out of a congretion agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	•	
☑ No □ Yes		
4.34		\$8,272.00
Spring Oaks Capital, Llc Nonpriority Creditor's Name	Last 4 digits of account number5417	
Attn: Bankruptcy	When was the debt incurred? 01/31/2024	
Number Street P.O. Box 1216	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
Chesapeake VA 23327	─	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Unknown Loan Type	
Is the claim subject to offset? ✓ No		
☑ No ☐ Yes		

Carrington Olivvia Glibert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.35		\$0.00
Synchrony Bank/HHGregg	Last 4 digits of account number 2 9 2 8	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 12/03/2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 965060	Contingent	
	☐ Unliquidated ☐ Disputed	
Orlando FL 32896		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
☑ No □ Yes		
4.36		\$0.00
Texas A & M University	Last 4 digits of account numberR2 _4 _A_	
Nonpriority Creditor's Name 750 Agronomy Rd	When was the debt incurred? 08/2008	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
College Station TX 77843	_ _	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations original out of a constation agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Educational	
Is the claim subject to offset?		
✓ No Yes		

Debtor 1 Carrington Olivvia Gilbert	Case number (if known) 24-31981	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
Wells Fargo Bank NA Nonpriority Creditor's Name Attn: Bankruptcy Number Street 1 Home Campus MAC X2303-01A 3rd Floor	Last 4 digits of account number 0 0 0 1 When was the debt incurred? 08/22/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Educational	
Des Moines City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes		

Debtor 1 Carrington Olivvia Gilbert Case number (if known) 24-31981

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🖣	\$4,358.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$4,358.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 🖣	F \$76,237.51
	6j.	Total. Add lines 6f through 6i.	6j.	\$76,237.51

Fill in this in	formation to id	entify your case	:		
Debtor 1	Carrington	Olivvia	Gilbert		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
(Opouse, il lilling)) i listivallie	Wildule Harrie	Last Name		
United States Ba	ankruptcy Court for	the: SOUTHERN D	ISTRICT OF TEXA	<u>4S</u>	
Case number	24-31981			☐ Check if this is an	
(if known)				amended filing	
Official Form	106G				
Schadula G	· Executory	Contracts and	d Unavnirad I	Leases 12	
			а опохриоа :		
On the top of any	additional pages,	is needed, copy the write your name an ntracts or unexpired	d case number (if ki	l it out, number the entries, and attach it to this page. nown).	
☐ No. Che	eck this box and file	this form with the co	urt with your other sc	chedules. You have nothing else to report on this form.	
Yes. Fil	I in all of the inform	ation below even if th	e contracts or leases	s are listed on <i>Schedule A/B: Property</i> (Official Form 106A/B).	
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.					
Person o	r company with w	hom you have the co	ontract or lease	State what the contract or lease is for	
2.1 <u>Citizens</u>	Pay			_ Alarm Service Contract	
Name PO Box	4670			Contract to be ASSUMED	
	Street			=	

IL State

60197 ZIP Code

Carol Stream

Fill in this inf	ormation to ide	entify your case	:	
Debtor 1	Carrington First Name	Olivvia	Gilbert	.]
Dobtor 2	FIRST Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the	ne: SOUTHERN D	ISTRICT OF TEXAS	
Case number (if known)	24-31981			Check if this is an amended filing
Official Form	106H			
Schedule H	Your Codek	otors		12/15
nage. On the top 1. Do you have	any codebtors? st 8 years, have your, California, Idaho to line 3. If your spouse, formal list all of your cod in line 2 again as	Pages, write your n (If you are filing a jour in the second of the secon	ame and case number (if known int case, do not list either spour nity property state or territor, New Mexico, Puerto Rico, Terquivalent live with you at the tillude your spouse as a codeb that person is a guarantor or	y? (Community property states and territories xas, Washington, and Wisconsin.) me? tor if your spouse is filing with you. List the r cosigner. Make sure you have listed the
Schedule D,	•	l Form 106D), <i>Sche</i> chedule G to fill ou	•	(F), or Schedule G (Official Form 106G). Use Column 2: The creditor to whom you owe the debt
Joidinii 1.	. Jui Jouentoi			Check all schedules that apply:
3.1 Tammy (Gilbert			chest all solleddios that apply.
Name	narch Crossing			Schedule D, line
Number	Street			Schedule E/F, line 4.11
				☐ Schedule G line

ΤX

State

77459

ZIP Code

Missouri City

Dept Of Education/neln

Fill in this inform	otion to identifi						
Fill in this inform	ation to identify	y your case:					
Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbert Last Nan			Cho	ok if this is:
Debtor 2						Che	eck if this is:
(Spouse, if filing)	First Name	Middle Name	Last Nan	пе			An amended filing
United States Bankru	-	SOUTHERN	DISTRICT OF	TEXAS			A supplement showing postpetition chapter 13 income as of the following date
Case number (if known)	24-31981						MM / DD / YYYY
Official Form 10	 6I					_	וווווווווווווווווווווווווווווווווווווו
Schedule I: You	_ ur Income						12/15
include information ab about your spouse. If your name and case n	out your spouse. I	f you are separ ded, attach a se Answer every c	ated and your s parate sheet to	pouse is	not filing	with y	spouse is living with you, ou, do not include information any additional pages, write
I. Fill in your employ		•					
information.	ymem		Debtor 1				Debtor 2 or non-filing spouse
If you have more the job, attach a separation with information ab	ate page Emplo	yment status	✓ Employed				☐ Employed ☐ Not employed
additional employe		ation		byeu			Not employed
Include part-time, s	•	alion	Sales Rep				
or self-employed w	and a	yer's name	Rep-Lite				_
Occupation may in	Lilipio	yer's address	Attn: Payrol	l Dept.			_
student or homema applies.	iker, if it		Number Street				Number Street
			1404 Bomba	iy Lane			
			Roswell		GA 300	76	
			City		State Zip (City State Zip Code
	How Id	ong employed t	nere? 10 m	onths			
Part 2: Give D	etails About Mo	onthly Incom	е				
Estimate monthly inco non-filing spouse unless			n. If you have no	othing to r	eport for a	ny line	, write \$0 in the space. Include your
f you or your non-filing s ou need more space, a			er, combine the i	nformatio	n for all er	nploye	rs for that person on the lines below. If
				! -	For Debto	r 1	For Debtor 2 or non-filing spouse
 List monthly grospayroll deductions) would be. 	s wages, salary, ar . If not paid monthly	nd commissions y, calculate what	s (before all the monthly wag	2. ge	\$7,50	00.00	
3. Estimate and list i	monthly overtime p	oay.		3. +		0.00	
4. Calculate gross in	come. Add line 2	+ line 3.		4.	\$7,50	00.00	

Deb	tor 1 Carrington Olivvia Gilbert		Case nun	mber (if known)	24-3°	<u> 1981</u>	1	
			For Debtor 1	For Debtor non-filing s				
	Copy line 4 here	4.	\$7,500.00					
5.	List all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,078.16					
	5b. Mandatory contributions for retirement plans	5b.	\$0.00					
	5c. Voluntary contributions for retirement plans	5c.	\$0.00					
	5d. Required repayments of retirement fund loans	5d.	\$0.00					
	5e. Insurance	5e.	\$403.40					
	5f. Domestic support obligations	5f.	\$0.00	-				
	5g. Union dues	5g.	\$0.00	-				
	5h. Other deductions.	og.						
	Specify: Life Insurance	5h. +	\$1.06					
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	<u>\$1,482.62</u>					
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$6,017.38					
8.	List all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b. Interest and dividends	8b.	\$0.00					
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d. Unemployment compensation	8d.	\$0.00					
	8e. Social Security	8e.	\$0.00					
	8f. Other government assistance that you regularly receive	00.	Ψ0.00					
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
	Specify:	8f.	\$0.00					
	8g. Pension or retirement income 8h. Other monthly income.	8g.	\$0.00					
	Specify: Car Allowance	8h. +	\$492.00					
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$492.00					
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$6,509.38	+		<u>.</u>	\$6,509.38	_
11.	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your househ friends or relatives.			ır roommates, a	and othe	r		
	Do not include any amounts already included in lines 2-10 or amounts that	t are n	ot available to pay e	expenses listed	in Sche	dule	J.	
	Specify:				11. +	_=	\$0.00	_
12.	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities				12.		\$6,509.38	_
	if it applies.						mbined nthly income	Э

Case 24-31981 Document 13 Filed in TXSB on 05/06/24 Page 42 of 68

05/06/2024 02:36:45pm

Deb	Debtor 1 Carrington Olivvia Gilbert		n Olivvia Gilbert	Case number (if known)	24-31981	
13. Do you expect an increase or decrease within the year after you file this form?		ncrease or decrease within the year after you file this form?				
		No.		None.		
		Yes.	Explain:			

Official Form 106l Schedule I: Your Income page 3

l	ill in this inform	nation to identi	fy your case:			Che	ck if this	· ie·	
	Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbe Last Na			An ame	ended filing lement showing	postpetition
	Debtor 2 Spouse, if filing) First Name		Middle Name	Last Na	ame		chapte	r 13 expenses a ng date:	
		untey Court for the	SOUTHERN DIST				NANA / D	D / \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Case number	24-31981					IVIIVI / D	D / YYYY	
Ļ	(if known)								
	fficial Form 10								
S	chedule J: Yo	our Expense	S						12/15
na	rrect information. I	f more space is ne	e. If two married peo eded, attach another wer every question.				-		
1.	Is this a joint cas	e?							
2.	_ No	s. Debtor 2 must filendents?	eparate household? e Official Form 106J-2, No Yes. Fill out this infor	mation	Dependent's relati	onshi		2. Dependent's age	Does dependent live with you?
	Debtor 2.		for each dependent		Deptor 1 or Deptor 2 Daughter			4 yrs	No No
	Do not state the denames.	ependents'			Daugntei			4 yis	- ☑ Yes ☐ No - ☐ Yes
									☐ No
									Yes
									□ No - □ Yes
									□ No
3.	Do your expense expenses of peop	ole other than	✓ No ☐ Yes						⁻
		•							
			ng Monthly Exper					at in a Obantan	42
to		of a date after the	ruptcy filing date unlo bankruptcy is filed.	-	-				
			n government assista Schedule I: Your Inc	-				Your expens	ses
4.			enses for your resider any rent for the ground				•	4	
	If not included in	line 4:							
	4a. Real estate ta	axes						4a	
	4b. Property, hon	neowner's, or renter	's insurance					4b	
	4c. Home mainte	nance, repair, and	upkeep expenses					4c	
	4d. Homeowner's	association or con	dominium dues					4d	

Deb	tor 1 Carrington Olivvia Gilbert	Case number (if known)	24-31981
		Your e	expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$150.00
	6b. Water, sewer, garbage collection	6b	\$50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$85.00
	6d. Other. Specify: Cell Phones	6d.	\$116.00
7.	Food and housekeeping supplies	7	\$400.00
8.	Childcare and children's education costs	8	\$807.00
9.	Clothing, laundry, and dry cleaning	9.	\$20.00
10.	Personal care products and services	10	\$15.00
11.	Medical and dental expenses	11	\$50.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$25.00
14.	Charitable contributions and religious donations	14	
15.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.	45-	
	15a. Life insurance	15a. <u> </u>	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$379.00
46	15d. Other insurance. Specify: Takes — Do not include toyon deducted from your pay or included in lines 4 or 20.	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a. <u> </u>	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you. Specify:	19	

Deb	tor 1	Carrington Olivvia Gilbert	Case number (if known)	24-31981
		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Other	r. Specify:	21. +_	
22.	Calcu	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$2,297.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2. 22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,297.00
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$6,509.38
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$2,297.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$4,212.38
24.	Do yo	ou expect an increase or decrease in your expenses within the year after yo	ou file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your morto		
	V	No		
		Yes. Explain here: None.		

Fill in this information to identify your case:					
Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbert Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the	SOUTHERN DIST	RICT OF TEXAS		
Case number (if known)	24-31981				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	****
	1a. Copy line 55, Total real estate, from Schedule A/B	\$294,649.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$44,386.94
	1c. Copy line 63, Total of all property on Schedule A/B	\$339,035.94
P	Part 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$446,561.65
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$4,358.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$76,237.5 1
	Your total liabilities	\$527,157.16
P	Part 3: Summarize Your Income and Expenses	
l.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$6,509.38
	·	

Deb	ebtor 1 Carrington Olivvia Gilbert	Case number (if known) _ 24-31981
Pa	Part 4: Answer These Questions for Administration	ive and Statistical Records
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?	
	No. You have nothing to report on this part of the form. Ch✓ Yes	heck this box and submit this form to the court with your other schedules.
7.	What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer de family, or household purpose." 11 U.S.C. § 101(8). Fill out	ebts are those "incurred by an individual primarily for a personal, t lines 8-9g for statistical purposes. 28 U.S.C. § 159.
	Your debts are not primarily consumer debts. You have this form to the court with your other schedules.	e nothing to report on this part of the form. Check this box and submit
8.	From the Statement of Your Current Monthly Income: Copy y Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form	*
9.	Copy the following special categories of claims from Part 4,	line 6 of Schedule E/F:
		Total claim
	From Part 4 on Schedule E/F, copy the following:	
	9a. Domestic support obligations. (Copy line 6a.)	\$0.00_
	9b. Taxes and certain other debts you owe the government. (C	Copy line 6b.) \$0.00
	9c. Claims for death or personal injury while you were intoxicate	ted. (Copy line 6c.) \$0.00
	9d. Student loans. (Copy line 6f.)	<u> </u>
	 Obligations arising out of a separation agreement or divorce priority claims. (Copy line 6g.) 	se that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

Fill in this information to identify your case:					
Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbert Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS					
Case number (if known)	24-31981				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NO	OT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have re true and correct.	ad the summary and schedules filed with this declaration and that they are
X /s/ Carrington Olivvia Gilbert Carrington Olivvia Gilbert, Debtor 1	X Signature of Debtor 2
Date <u>05/06/2024</u> MM / DD / YYYY	Date MM / DD / YYYY

04/22

Fill in this in	formation to i	dentify your case	:	
Debtor 1	Carrington	Olivvia	Gilbert	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)) First Name	Middle Name	Last Name	
United States De	nalementare Court fo	r that COUTUEDN D	ISTRICT OF TEVAS	
	. ,	r the: SOUTHERN D	ISTRICT OF TEXAS	
Case number (if known)	24-31981			
	407			
Official Form				
Statement of	of Financial	Affairs for Ind	ividuals Filing	for Bankrup
Be as complete a	nd accurate as p	ossible. If two marrie	ed people are filing to	gether, both are e
	•	e is needed, attach a	•	form. On the top
our name and ca	ase number (IT Kr	nown). Answer every	question.	

Part 1: Give Details About Your Marital Status and Where You Lived Before

۱.	What is your current marital status? ☐ Married ☐ Not married
2.	During the last 3 years, have you lived anywhere other than where you live now? ✓ No ✓ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.
3.	Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
	✓ No Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H).

Deb	otor 1	Carrington Olivvia Gilbert		Case nur	mber (if known) 24-319 8	31
Ρ	art 2:	Explain the Sources of `	Your Income			
4.	Fill in th	I have any income from employ e total amount of income you recore re filing a joint case and you have	eived from all jobs and all bu	ısinesses, including par	t-time activities.	alendar years?
	□ No ✓ Yes	s. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ry 1 of the current year until I filed for bankruptcy:	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$36,550.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	
			Operating a business		Operating a business	
		endar year:	₩ages, commissions, bonuses, tips	\$58,809.00	Wages, commissions, bonuses, tips	
Jar	nuary 1 to	December 31, <u>2023</u>)	Operating a business		Operating a business	
or	the cale	ndar year before that:	₩ages, commissions, bonuses, tips	\$112,810.00	☐ Wages, commissions, bonuses, tips	
Jar	nuary 1 to	December 31,	Operating a business		Operating a business	
5.	Include unemple	I receive any other income during income regardless of whether that by ment; and other public benefit publing and lottery winnings. If you the control of th	at income is taxable. Example payments; pensions; rental in	les of other income are ncome; interest; dividen	ds; money collected from la	awsuits; royalties;
	List eac	h source and the gross income fr	om each source separately.	Do not include income	that you listed in line 4.	
	□ No ☑ Yes	s. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ry 1 of the current year until filed for bankruptcy:				
		endar year: December 31, 2023	Child Support Income	\$1,963.01		
		ndar year before that: December 31, 2022)	Child Support Income	\$72.69		
Jai	iddiy i to	YYYY YYYY				

Del	otor 1	Carrington Olivvia G	ilbert	Case number (if kr	nown) 24-31981				
Р	art 3:	List Certain Paym	nents You Made Before Y	ou Filed for Bankruptcy					
6.	Are eith	er Debtor 1's or Debtor	2's debts primarily consumer	debts?					
	□ No.		Debtor 2 has primarily consur	ner debts. Consumer debts are definity, or household purpose."	ned in 11 U.S.C. § 101	(8) as			
		During the 90 days be	efore you filed for bankruptcy, did	you pay any creditor a total of \$7,575	5* or more?				
		☐ No. Go to line 7.							
		total amount	you paid that creditor. Do not in	otal of \$7,575* or more in one or mor clude payments for domestic support de payments to an attorney for this ba	t obligations, such as				
		* Subject to adjustme	nt on 4/01/25 and every 3 years	after that for cases filed on or after the	e date of adjustment.				
	√ Yes	. Debtor 1 or Debtor 2	or both have primarily consun	ner debts.					
	_	During the 90 days be	efore you filed for bankruptcy, did	you pay any creditor a total of \$600 c	or more?				
		No. Go to line 7.							
		creditor. Do	• •	otal of \$600 or more and the total am tic support obligations, such as child for this bankruptcy case.	• •				
7.	Insiders corporat agent, in	include your relatives; a tions of which you are an	ny general partners; relatives of officer, director, person in controls you operate as a sole proprie	payment on a debt you owed anyo any general partners; partnerships of ol, or owner of 20% or more of their vo tor. 11 U.S.C. § 101. Include payme	f which you are a gener oting securities; and ar	ral partner; ny managing			
	☑ No □ Yes	. List all payments to an	insider.						
8.		year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that d an insider?							
	Include	payments on debts guara	payments on debts guaranteed or cosigned by an insider.						
	✓ No ☐ Yes	. List all payments that b	penefited an insider.						
Р	art 4:	Identify Legal Act	tions, Repossessions, an	d Foreclosures					
9.	List all s	•	ersonal injury cases, small claim	ty in any lawsuit, court action, or actions, divorces, collection suits, p	•	-			
	□ No ✓ Yes	. Fill in the details.							
	se title		Nature of the case	Court or agency		tus of the case			
	rrington bert	Gilbert v. O'Neill	Civil Suit	Missouri City Court Court Name	<u>:</u>	Pending			
-				303 Texas Pkwy Number Street		_			
Cas	se numbe	23-JSC-21-01427	_			_ Concluded			
				Missouri City	TX 77489	_			
				City	State ZIP Code				

Deb	tor 1	Carrington Olivvia Gilbert	Case number (if known)	24-31981
10.	seized,	I year before you filed for bankruptcy, was any of your property reposor levied? Ill that apply and fill in the details below.	sessed, foreclosed, garn	ished, attached,
	لنا	Go to line 11. Fill in the information below.		
11.		90 days before you filed for bankruptcy, did any creditor, including a b s from your accounts or refuse to make a payment because you owed		n, set off any
	✓ No ☐ Yes	. Fill in the details.		
12.		l year before you filed for bankruptcy, was any of your property in the s, a court-appointed receiver, a custodian, or another official?	possession of an assign	ee for the benefit of
	✓ No ☐ Yes			
Pa	art 5:	List Certain Gifts and Contributions		
13.	Within	2 years before you filed for bankruptcy, did you give any gifts with a to	tal value of more than \$6	00 per person?
	✓ No ☐ Yes	. Fill in the details for each gift.		
14.	Within 2 to any o	2 years before you filed for bankruptcy, did you give any gifts or contri charity?	butions with a total value	of more than \$600
	☑ No ☐ Yes	. Fill in the details for each gift or contribution.		
P	art 6:	List Certain Losses		
15.		I year before you filed for bankruptcy or since you filed for bankruptcy isaster, or gambling?	, did you lose anything b	ecause of theft, fire,
	✓ No ☐ Yes	. Fill in the details.		

Debtor 1 Carrington Olivvia Gilbert		ia Gilbert	Case number (if known) 24-31981				
Part 7:	List Ce	rtain P	ayments or	Transfers			
	-	-		ptcy, did you or anyone else acting on yonkruptcy or preparing a bankruptcy petiti		or transfer any prop	perty to
Include	e any attorne	ys, bankı	ruptcy petition p	oreparers, or credit counseling agencies for	services require	d for your bankrupto	cy.
□ No ☑ Ye	o es. Fill in the	details.					
Vasquez I	Law Group,	PLLC		Description and value of any property to Attorney Fee \$642 Filing Fee \$313	transferred	Date payment or transfer was made	Amount of payment
	th Loop W S	Ste330		Credit Report \$45		05/01/2024	\$1,000.00
Number S	treet			_			<u> </u>
		TV	77040	-			
Houston City		TX State	77018 ZIP Code	_			
	- 14			_			
Email or webs	site address						
Person Who	Made the Paym	ent, if Not	You	-			
001 Debto				Description and value of any property to Credit Counseling	transferred	Date payment or transfer was made	Amount of payment
	mit Avenue					04/30/2024	\$19.95
	treet			_		04/30/2024	Ψ13.33
				_			-
Jersey City	ty	NJ State	07306 ZIP Code	_			
				_			
Email or webs	site address						
Person Who	Made the Paym	ent, if Not	You	_			
	-	-		ptcy, did you or anyone else acting on yo with your creditors or to make payments t			perty to
Do not	t include any	payment	or transfer that	t you listed on line 16.			
✓ No	o es. Fill in the	details.					

Deb	otor 1	Carrington Olivvia Gilbert	Case number (if known) 24-31981
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherwise try transferred in the ordinary course of your business or financial affairs	
		e both outright transfers and transfers made as security (such as granting of a tinclude gifts and transfers that you have already listed on this statement.	security interest or mortgage on your property).
	✓ No	es. Fill in the details.	
19.		10 years before you filed for bankruptcy, did you transfer any property to re a beneficiary? (These are often called asset-protection devices.)	a self-settled trust or similar device of which
	✓ No ☐ Yes	es. Fill in the details.	
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe Depos	it Boxes, and Storage Units
20.		1 year before you filed for bankruptcy, were any financial accounts or instit, closed, sold, moved, or transferred?	struments held in your name, or for your
		e checking, savings, money market, or other financial accounts; certificates of s, pension funds, cooperatives, associations, and other financial institutions.	deposit; shares in banks, credit unions, brokerage
	✓ No ☐ Yes	es. Fill in the details.	
21.	-	u now have, or did you have within 1 year before you filed for bankruptcy, curities, cash, or other valuables?	any safe deposit box or other depository
	✓ No ☐ Yes	es. Fill in the details.	
22.	Have yo	you stored property in a storage unit or place other than your home within	1 year before you filed for bankruptcy?
		es. Fill in the details.	
Pa	art 9:	Identify Property You Hold or Control for Someone Else	
23.	•	u hold or control any property that someone else owns? Include any prop d in trust for someone.	perty you borrowed from, are storing for,
	☑ No ☐ Yes	es. Fill in the details.	

Deb	otor 1	Carrington Olivvia Gilbert	Case number (if known)
Ρ	art 10:	Give Details About Environmental Inform	ation
For	the purp	ose of Part 10, the following definitions apply:	
	hazardou		r regulation concerning pollution, contamination, releases of land, soil, surface water, groundwater, or other medium, ese substances, wastes, or material.
		ns any location, facility, or property as defined under r used to own, operate, or utilize it, including dispos	any environmental law, whether you now own, operate, or al sites.
		s material means anything an environmental law de e, hazardous material, pollutant, contaminant, or sim	fines as a hazardous waste, hazardous substance, toxic ilar item.
Rep	oort all no	tices, releases, and proceedings that you know about	ut, regardless of when they occurred.
24.	Has any law?	governmental unit notified you that you may be liab	le or potentially liable under or in violation of an environmental
	✓ No ☐ Yes.	Fill in the details.	
25.	✓ No	u notified any governmental unit of any release of ha	zardous material?
26.	Have yo orders.	u been a party in any judicial or administrative proce	eeding under any environmental law? Include settlements and
	✓ No ☐ Yes.	Fill in the details.	
Р	art 11:	Give Details About Your Business or Con	nections to Any Business
27.	Within 4		a business or have any of the following connections to any
		A sole proprietor or self-employed in a trade, profession A member of a limited liability company (LLC) or limited A partner in a partnership An officer, director, or managing executive of a corpora An owner of at least 5% of the voting or equity securities	liability partnership (LLP)
	_	None of the above applies. Go to Part 12. Check all that apply above and fill in the details below	for each business.
28.		years before you filed for bankruptcy, did you give a cial institutions, creditors, or other parties.	a financial statement to anyone about your business? Include
	□ No □ Yes.	Fill in the details below.	

Debtor 1	Carrington Olivvia Gilbert		Case number (if known)	24-31981
Part 12	Sign Below			
that the an	the answers on this <i>Statement of Finance</i> swers are true and correct. I understand y fraud in connection with a bankruptcy c B U.S.C. §§ 152, 1341, 1519, and 3571.	that making a false statement,	concealing property, or	obtaining money or
	rington Olivvia Gilbert on Olivvia Gilbert, Debtor 1 05/06/2024	X Signature of Debtor 2 Date		
Did you at	ach additional pages to Your Statement o	f Financial Affairs for Individu	als Filing for Bankruptcy	(Official Form 107)?
✓ No ☐ Yes				
Did you pa	y or agree to pay someone who is not an	attorney to help you fill out ba	nkruptcy forms?	
✓ No ☐ Yes. N	ame of person			otcy Petition Preparer's Notice,

i	ill in this inf	ormation to ident	ify your case:		Check as	directed in lines 17 and 21:
	Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbert Last Name	According to Statement:	the calculations required by this
	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name	— ·	ble income is not determined 1 U.S.C. § 1325(b)(3).
	-	nkruptcy Court for the:	SOUTHERN DIS	STRICT OF TEXAS	1 1 1 1 1 1	ble income is determined 1 U.S.C. § 1325(b)(3).
	Case number	24-31981			3. The con	nmitment period is 3 years.
(if known)				4. The con	nmitment period is 5 years.
0	fficial Form	122C-1			Check if t	nis is an amended filing
				Monthly Income		40/4
aı	nd Calcula	tion of Commi	tment Perio	<u>a</u>		10/1
inf	formation applie		additional pages,	eet to this form. Include the write your name and case n		
1.	What is your	marital and filing stat	us? Check one on	ıly.		
	✓ Not marr	ried. Fill out Column A	, lines 2-11.			
		Fill out both Columns	A and B, lines 2-1	1.		
	bankruptcy c August 31. If in the result. I	ase. 11 U.S.C. § 1010 the amount of your mo Do not include any inco	(10A). For example nthly income varied ome amount more to	d during the 6 months, add the	er 15, the 6-mont e income for all 6 th spouses own t	h period would be March 1 through months and divide the total by 6. Fill he same rental property, put the
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.		ages, salary, tips, bo	nuses, overtime, a	and commissions	\$8,825.00	
		,				
3.	Allmony and	maintenance paymer	ts. Do not include	e payments from a spouse.	\$0.00	
3. 4.	All amounts f expenses of y regular contrib your depender	rom any source whic	h are regularly pa nts, including child ied partner, membo mates. Do not incl	nid for household d support. Include ers of your household,	\$0.00	
	All amounts f expenses of y regular contrib your depender spouse. Do no	rom any source whice you or your depender outions from an unmarrants, parents, and room	h are regularly pa nts, including child ied partner, membe mates. Do not incl ou listed on line 3.	nid for household d support. Include ers of your household, ude payments from a		
4.	All amounts f expenses of y regular contrib your depender spouse. Do no	rom any source whice you or your depender outions from an unmarrents, and room ot include payments you	h are regularly pa hts, including child ied partner, membe mates. Do not include ou listed on line 3. hess, profession, of Debtor 1	nid for household d support. Include ers of your household, ude payments from a		
4.	All amounts f expenses of y regular contrib your depender spouse. Do no	from any source whice you or your depender outions from an unmarrents, parents, and room ot include payments your operating a busing	h are regularly pants, including childided partner, member mates. Do not including the substant of the substan	nid for household d support. Include ers of your household, ude payments from a		
4.	All amounts f expenses of y regular contrib your depender spouse. Do n Net income fr Gross receipts deductions)	from any source whice you or your depender outions from an unmarrents, parents, and room ot include payments your operating a busing	h are regularly pa hts, including child ied partner, membe mates. Do not include ou listed on line 3. hess, profession, of Debtor 1	nid for household d support. Include ers of your household, ude payments from a		

Deb	tor 1 Carrington Olivvia Gilbe	ert		C	ase number (if k	(nown) 24-31981	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
6.	Net income from rental and other r	eal property					
	Gross receipts (before all	Debtor 1 \$0.00	Debtor 2	_			
	deductions) Ordinary and necessary operating expenses	\$0.00		-			
	Net monthly income from rental or other real property	\$0.00		Copy _ here →	\$0.00		
7.	Interest, dividends, and royalties				\$0.00		
8.	Unemployment compensation				\$0.00		
	Do not enter the amount if you conte benefit under the Social Security Act						
	For you		\$0	.00			
	For your spouse						
	disability, combat-related injury or dis uniformed services. If you received of title 10, then include that pay only amount of retired pay to which you w under any provision of title 10 other t	any retired pay paid to extent that it doe ould otherwise be e	d under chapter 6° es not exceed the entitled if retired	1			
10.	Income from all other sources not amount. Do not include any benefits payments received as a victim of a winternational or domestic terrorism; or allowance paid by the United State disability, combat-related injury or disuniformed services. If necessary, list and put the total below.	received under the var crime, a crime a or compensation, pe es Government in c sability, or death of	e Social Security Angainst humanity, consion, pay, annuiconnection with a member of the	Act; or			
	Total amounts from separate pages,	if any					
11	Calculate your total average month	•		T r		•	
	Add lines 2 through 10 for each colu	mn.	D		\$8,825.00	+ =	\$8,825.00
	Then add the total for Column A to the	ie lotal for Column	D.	_			Total average monthly income
P	art 2: Determine How to M	easure Your D	eductions fro	m Income)		
12.	Copy your total average monthly in	ncome from line 1	1				\$8,825.00

Deb	tor 1	Carrington Olivvia Gilbert		Case numb	er (if known) 2	4-31981		
13.	Calc	ulate the marital adjustment. Check one:						
		You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 be You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, the of you or your dependents, such as payment of the spouse's to than you or your dependents. Below, specify the basis for excluding this income and the american necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.	at was NOT re ax liability or th	ne spouse's su	pport of some	one other		
		Total		\$0.00	Copy here	→ -		\$0.00
14.	You	r current monthly income. Subtract the total in line 13 from I	ine 12.				\$8,	,825.00
15.	Calc	ulate your current monthly income for the year. Follow the	ese steps:					
	15a.	Copy line 14 here 🔷					\$8	,825.00
		Multiply line 15a by 12 (the number of months in a year).					X	12
	15b.	The result is your current monthly income for the year for this	s part of the fo	rm			\$105	,900.00
16.	Cald	ulate the median family income that applies to you. Follow	these steps:					
	16a.	Fill in the state in which you live.	Texas					
	16b.	Fill in the number of people in your household.	2					
	16c.	Fill in the median family income for your state and size of ho To find a list of applicable median income amounts, go onlin instructions for this form. This list may also be available at t	ne using the lin	k specified in t			<u>\$79</u> ,	,870.00
17.	How	do the lines compare?						
		Line 15b is less than or equal to line 16c. On the top of under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fi	ill out Calculati	on of Your Dis	posable Incom	e (Official For	m 122C	
	17b.	Line 15b is more than line 16c. On the top of page 1 of 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calcu On line 39 of that form, copy your current monthly incor	ulation of You	r Disposable				
Pa	art 3	Calculate Your Commitment Period Under 1	11 U.S.C. §	1325(b)(4)				
18.	Сор	y your total average monthly income from line 11.					. \$8,	,825.00
19.	that	uct the marital adjustment if it applies. If you are married, y calculating the commitment period under 11 U.S.C. § 1325(b)(me, copy the amount from line 13.						
	19a.	If the marital adjustment does not apply, fill in 0 on line 19a.						\$0.00
	19b.	Subtract line 19a from line 18.					\$8,	,825.00

Debtor 1 <u>C</u>		Carrington Olivvia Gilbert	Case number (if known) 24-31981
20.	Cal	culate your current monthly income for the year. Follow these steps:	
	20a	. Copy line 19b	\$8,825.00
		Multiply by 12 (the number of months in a year).	X 12
	20b	. The result is your current monthly income for the year for this part of the	ne form. \$105,900.00
	20c	. Copy the median family income for your state and size of household for	om line 16c
21.	Hov	v do the lines compare?	
		Line 20b is less than line 20c. Unless otherwise ordered by the court, o check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.	n the top of page 1 of this form,
		Line 20b is more than or equal to line 20c. Unless otherwise ordered by of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Par	
P	art 4	Sign Below	
	Bys	signing here, under penalty of perjury I declare that the information on this	s statement and in any attachments is true and correct.
		SI Carrington Olivvia Gilbert X Carrington Olivvia Gilbert, Debtor 1	ignature of Debtor 2
			date

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:					
Debtor 1	Carrington First Name	Olivvia Middle Name	Gilbert Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the	SOUTHERN DIST	RICT OF TEXAS		
Case number (if known)	24-31981				

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,389.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age \$79.00 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 Χ Copy \$158.00 7c. Subtotal. Multiply line 7a by line 7b. \$158.00 here People who are 65 years of age or older \$154.00 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older Х Copy \$0.00 \$0.00 Subtotal. Multiply line 7d by line 7e. here Copy 7g. Total. Add lines 7c and 7f..... \$158.00 here \$158.00

ebto	or 1	Carrington	Olivvia Gilbert		Case num	ber (if known) 2	4-31981	
Loc	al Sta	ndards	You must use the IRS Local Stand	lards to answer the ques	tions in lines	8-15.		
			om the IRS, the U.S. Trustee Prog s into two parts:	ram has divided the IR	S Local Sta	ndard for hous	ing	
		•	Insurance and operating expen Mortgage or rent expenses	ses				
the	link s	-	s in lines 8-9, use the U.S. Trustee separate instructions for this forn e.	-		-	g	
8.			es Insurance and operating expeunt listed for your county for insurance			ou entered in li	ne 5,	\$703.00
9.	Hous	sing and utilitie	es Mortgage or rent expenses:					
		-	per of people you entered in line 5, fit for mortgage or rent expenses.	ill in the dollar amount lis	sted -	\$1,602.00		
		Total average r your home.	monthly payment for all mortgages a	nd other debts secured b	ру			
		contractually du	e total average monthly payment, ac ue to each secured creditor in the 60 ext divide by 60.		r			
		Name of the	creditor	Average monthly payment				
		Loancare Llo	;	\$1,366.07				
		Loancare Llo	:	\$1,233.39				
			+					
		9b. Total avera	age monthly payment	\$2,599.46 Copy	→	\$2,599.46	Repeat this amount on line 33a.	
	9c.	Net mortgage of	or rent expense.		_			
			o (total average monthly payment) fr If this number is less than \$0, enter	, , ,	_	\$0.00	Copy here	\$0.00
10.			e U.S. Trustee Program's division culation of your monthly expenses				t	
	Explain Explain why:							
11.	Loca	-	n expenses: Check the number of	vehicles for which you cl	aim an owne	ership or operati	ng expense.	
		0. Go to line 141. Go to line 122 or more. Go	2.					
12.	<u> </u>	cle operation e	expense: Using the IRS Local Stand fill in the Operating Costs that apply					\$312.00

Debtor 1

Carrington Olivvia Gilbert

Debto	r 1 <u>Carrir</u>	ngton Olivvia Gilbert		Case number (if known)	24-31981	
13.	expense for e	ership or lease expense: Using the IRS each vehicle below. You may not claim the ln addition, you may not claim the expens	e expense if you do not ma	ake any loan or lease payn		
	Vehicle 1	Describe Vehicle 1: 2022 Tesla Mo	odel 3			
	13a. Ownersh	nip or leasing costs using IRS Local Stand	dard	\$629.00		
	13b. Average	e monthly payment for all debts secured by	y Vehicle 1.			
	Do not in	nclude costs for leased vehicles.				
	amounts	ulate the average monthly payment here a s that are contractually due to each secure u file for bankruptcy. Then divide by 60.		3		
	Name	of each creditor for Vehicle 1	Average monthly payment			
	Bridge	crest Credit Company LLC	\$459.70 +			
		Total average monthly payment	\$459.70 Copy	→ \$459.70	Repeat this amount on line 33b.	
		icle 1 ownership or lease expense. I line 13b from line 13a. If this number is	less than \$0, enter \$0	\$169.30	Copy net Vehicle 1 expense here	\$169.30
	Vehicle 2	Describe Vehicle 2:				
	13d. Ownersh	nip or leasing costs using IRS Local Stand	dard			
	_	e monthly payment for all debts secured by r leased vehicles.	y Vehicle 2. Do not include	•		
	Name	of each creditor for Vehicle 2	Average monthly payment			
					D 141:	
		Total average monthly payment	Copy here	→	Repeat this amount on line 33c.	
		icle 2 ownership or lease expense. t line 13e from 13d. If this number is less	than \$0, enter \$0		Copy net Vehicle 2 expense here	\$0.00
14.		portation expense: If you claimed 0 veh in expense allowance regardless of wheth			, -	\$0.00

Debto	r 1 Carrington Olivvia Gilb	ert	Case number (if known) 24	4-31981	
15.		n expense, you may fill in wh	or more vehicles in line 11 and if you claim that at you believe is the appropriate expense, but yortation.		
Oth	• •	addition to the expense deduction and the control of the control o	ctions listed above, you are allowed your month	nly expenses for the	
16.	employment taxes, Social Securit	ty taxes, and Medicare taxes. er, if you expect to receive a e total monthly amount that is	eral, state and local taxes, such as income taxe You may include the monthly amount withheld tax refund, you must divide the expected refund withheld to pay for taxes.	d from	
17.	union dues, and uniform costs.		s that your job requires, such as retirement con as voluntary 401(k) contributions or payroll sa		
18.	filing together, include payments	that you make for your spous nsurance on your dependent	your own term life insurance. If two married pe e's term life insurance. s, for a non-filing spouse's life insurance, or for		
19.	agency, such as spousal or child	support payments.	pay as required by the order of a court or admor child support. You will list these obligations in		
20.	 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 				
21.	Childcare: The total monthly am Do not include payments for any	, , ,	e, such as babysitting, daycare, nursery, and pool education.	preschool. \$0.00	
22.	•	are of you or your dependent only the amount that is more		•	
23.	for you and your dependents, suc phone service, to the extent nece of income, if it is not reimbursed b Do not include payments for basic	th as pagers, call waiting, cal ssary for your health and wel by your employer. c home telephone, internet al	thly amount that you pay for telecommunication ler identification, special long distance, or busing fare or that of your dependents or for the produced and cell phone service. Do not include self-emposized or any amount you previously deducted.	ness cell uction	
24.	Add all of the expenses allowed Add lines 6 through 23.	I under the IRS expense all	owances.	\$4,233.73	
Add	itional Expense Deductions		tions allowed by the Means Test. xpense allowances listed in lines 6-24.		
25.			account expenses. The monthly expenses fo nat are reasonably necessary for yourself, your		
	Health insurance	\$340	0.01		
	Disability insurance	\$6	0.00		
	Health savings account	+\$	0.00		
	Total	\$340	0.01 Copy total here	\$340.01	
	Do you actually spend this total a	mount?			
	No. How much do you actual✓ Yes	ılly spend?			

Debtor	Carrington Olivvia Gilbert	Case number (if known) 24-31981				
	Continued contributions to the care of household or family will continue to pay for the reasonable and necessary care and member of your household or member of your immediate family expenses may include contributions to an account of a qualified	support of an elderly, chronically ill, or disabled who is unable to pay for such expenses. These		\$0.00		
	Protection against family violence. The reasonably necessal safety of you and your family under the Family Violence Preven By law, the court must keep the nature of these expenses confidence.	tion and Services Act or other federal laws that apply.	_	\$0.00		
	Additional home energy costs. Your home energy costs are in on line 8.	ncluded in your insurance and operating expenses	_			
	If you believe that you have home energy costs that are more the line 8, then fill in the excess amount of home energy costs.	nan the home energy costs included in expenses on				
	You must give your case trustee documentation of your actual e amount claimed is reasonable and necessary.	expenses, and you must show that the additional				
	B. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.					
	You must give your case trustee documentation of your actual e claimed is reasonable and necessary and not already accounted					
	* Subject to adjustment on 4/01/25, and every 3 years after that	for cases begun on or after the date of adjustment.				
	Additional food and clothing expense. The monthly amount higher than the combined food and clothing allowances in the IR than 5% of the food and clothing allowances in the IRS National	RS National Standards. That amount cannot be more				
	To find a chart showing the maximum additional allowance, go of instructions for this form. This chart may also be available at the					
	You must show that the additional amount claimed is reasonable	e and necessary.				
	Continuing charitable contributions. The amount that you wi instruments to a religious or charitable organization. 11 U.S.C.		+_	\$0.00		
	Do not include any amount more than 15% of your gross month	ly income.				
	Add all of the additional expense deductions. Add lines 25 though 31			\$340.01		

Case number (if known) 24-31981

Dod		na far Daht D									
Dea	uction	ns for Debt P	ayment								
33.		or debts that are secured by an interest in property that you own, including home mortgages, vehicle bans, and other secured debt, fill in lines 33a through 33e.									
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured the 60 months after you file for bankruptcy. Then divide by 60.							d creditor in			
							Average monthly payment				
		Mortgages	on your home								
	33a.	Copy line 9	o here			-	\$2,599.46				
			our first two vehicles								
	33b.	•	3b here				\$459.70				
	33c.		3e here								
	33d.		ecured debts:			······································					
	Name	e of each cre r secured de	ditor for	Identify property t secures the debt	incl	s payment ude taxes o irance?	or .				
	City	Gate Comr	nunity Association	2915 Chase Cro	ss Ln, Houst	✓ No ☐ Yes	\$100.00				
						□ No					
						Yes					
						☐ No	+				
						Yes		1			
	33e.	Total avera	ge monthly payment.	Add lines 33a throug	h 33d		\$3,159.16	Copy total here	\$3,159.16		
3/1			nt you listed in line 3								
J-7.			ur support or the sup			ce, a verne	ie, or other prope	ity			
	_	No. Go to I	ine 35								
	ш.	Yes. State a	any amount that you make sion of your property								
Nan	ne of t	the creditor	Identify pro		Total cure amount		Monthly cure amount				
Loa	ncar	e Llc	2915 Chas	se Cross Ln, Hou	\$23,524.25	÷ 60 =	\$392.07				
_						÷ 60 =					
						÷ 60 =	+				
						Total	\$392.07	Copy total here	\$392.07		
35.	alimo		oriority claimssuch past due as of the fil								
		No. Go to I	ine 36.								
			he total amount of all t or ongoing priority cla								
		Total a	mount of all past-due	priority claims			\$4,358.00	÷ 60 =	\$72.63		

Debtor 1

Carrington Olivvia Gilbert

Debto	Carrington Olivvia Gilbert	Case number (if known) 24-31981	
36.	Projected monthly Chapter 13 plan payment	\$4,210.00	
	Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).		
	To find a list of district multipliers that includes your district, go online using the lin specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.		
	Average monthly administrative expense	\$366.27 Copy total here	\$366.27
37.	Add all of the deductions for debt payment. Add lines 33e through 36.	[\$3,990.13
Tota	Il Deductions from Income		
38.	Add all of the allowed deductions.		
	Copy line 24, All of the expenses allowed under IRS expense allowances	\$4,233.73	
	Copy line 32, All of the additional expense deductions	\$340.01	
	Copy line 37, All of the deductions for debt payment		
	Total deductions	\$8,563.87 Copy total here	\$8,563.87
Pai	t 2: Determine Your Disposable Income Under 11 U.S.C. § 13	325(b)(2)	
39.	Copy your total current monthly income from line 14 of Form 122C-1, Chapte Statement of Your Current Monthly Income and Calculation of Commitment F		\$8,825.00
40.	Fill in any reasonably necessary income you receive for support for dependence of the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.		
41.			
	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).		
42.	your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans		
	your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).	\$0.00	
	your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	\$0.00	
	your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	\$0.00	
	your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	\$0.00	
	your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	\$0.00	

)ebto	r 1 <u>Carrin</u>	gton O	livvia Gilbert	Case number (if k	nown) 24-31981	
44.	Total adjustn	nents	Add lines 40 through 43	\$8,56	Copy here	\$8,563.87
45.	Calculate you	ur montl	nly disposable income under § 1325(b)(2). Sub	tract line 44 from line 39.		\$261.13
Par	t 3: Cha	nge in	Income or Expenses			
46.	virtually certai	n to cha elow. Fo	expenses. If the income in Form 122C-1 or the inge after the date you filed your bankruptcy petition rexample, if the wages reported increased after yolumn, explain why the wages increased, fill in who	n and during the time your o ou filed your petition, check	case will be open, fill 122C-1 in the first co	in the lumn, enter
	Form	Line	Reason for change	Date of change	Increase or A decrease?	mount of change
	122C-1 122C-2				Increase Decrease	
	122C-1 122C-2				Increase Decrease	
	122C-1 122C-2				Increase Decrease	
	☐ 122C-1 ☐ 122C-2				Increase Decrease	
Par		Belov		on this statement and in a	ny attachmanta is tru	a and sowest
			r penalty of perjury you declare that the informatio	X	ny attachments is tru	e and correct.
			Gilbert, Debtor 1	Signature of Debtor 2		
	Date <u>5/6</u>	/2024 / DD / Y	YYY	Date MM / DD / YYYY		